



STUDY OF THE UNITED STATES INSTITUTES
SECONDARY EDUCATOR
APPLICATION

A. Title of Institute

Secondary Educators

B. Nominee's Full Name, exactly as it appears on candidate's passport

Prefix:

Last Name:

First Name:

Middle Name:

C. Gender

☐ Male

☐ Female

D. Date of Birth

Type mm/dd/yyyy.

E. Birth City

F. Birth Country

G. Citizenship

Primary:

Secondary:
(if applicable)

H. Residency

I. Medical, Physical, Dietary or other Personal Considerations

Disability:

Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, allergies, or other dietary or personal consideration.

This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.

J. Candidate Contact Information

Address:		
(No P.O. BOX)		
City:		
Home State or Province:		
Postal Code:		
Home Country Name:		
Email:		
Phone:		Numbers only. For example: 123456789
Emergency Contact & Relationship:		Example: John Doe, Husband
Emergency Contact Phone:		Numbers only. For example: 123456789
Emergency Contact Email:		

K. Current Position, Title, Institution

Primary Position:	<input type="radio"/> Public Secondary School Teacher	<input type="radio"/> Teacher Trainer
	<input type="radio"/> Private Secondary School Teacher	<input type="radio"/> Textbook Writer
	<input type="radio"/> National Curriculum/Exam Developer	<input type="radio"/> Other
Title:		
Institution Name:		
Institution Country:		

L. Work Experience, including previous positions and titles

From:	To:	Title/Institution (Please specify if position is part-time)
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M. Education, Academic and Professional Training:

Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.

Degree Earned	Year Earned	Specialization/Institution
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Additional Professional Training:**N. Active Professional Memberships:**

Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position	Title	Organization

O. Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher

P. Previous Experience in the United States

Purpose	From	To	Description

Q. Family/Friends Residing in the United States

*Please include city and state (Example: John Doe - Chicago, IL)

R. Evidence of English Fluency

S. Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information.

Current Courses Taught:

Course Title	Level of Students	Classroom Hours Per Semester	# Students	U.S. Studies Content (%)

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

☐ Update Existing Course

☐ School Curriculum Redesign

☐ New Publication

☐ New Professional Organization

☐ Create New Course

☐ National Curriculum Redesign

☐ Professional Promotion

☐ New Institutional Linkages

☐ Create New Degree Program

☐ New Research Project

☐ Government or Ministry Policy

☐ Raise Institutional Profile

T. Personal Essay(Limit 250 words)

Please discuss why you wish to participate in this program. Include how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.